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Pittsburgh, PA 15	5222-2315		Toby Marchionno-Adams (Depositor's name)						
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	TOR ATTORNEY		RNEY DO	OCKET NO.	CONFIRMATION N	0.
09/944,564	09/04/2001		Nedaa Abdul-Ghani Nas	asif 27845		8455	_ 100 8476		J
TITLE OF INVENTION:						1			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU			L FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	€ 9/13	13/2009 SDENBO\$40		\$1055BBBB67	7 5033,09/08/20094	4564
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS 01 FC 02 FC		C:2501 755.00 C:1504 380.00		755.00 DA		
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1. Change of corresponde CFR 1.363). Change of corresponde corres		For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				Meyer, Unkovic & Scott LL			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			pera -	2David G. Oberdick 3Debra Z. Anderson		
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	ре)					
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIC		ified below, no assignee eletion of this form is NO	data will appear on the T a substitute for filing ar (B) RESIDENCE: (CIT				below, the doo	cument has been fil	ed for
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent) :	Individual 🖸 C	orporati	ion or otl	her private grou	up entity Gover	nment
4a. The following fcc(s) a X Issue Fce X Publication Fee (N Advance Order - #	o small entity discount p	A check is enclosed. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 503325 (enclose an extra copy of this form).							
			overpayment, to Dep	osit Account Numb	eř <u>50</u>	3325	(enclose an	extra copy of this for	om).
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NOTE: The Issue Fee and interest as shown by the r									earty in
Authorized Signature	Lebra	Z. Chrose	~	Date At	ugus	t 12,	2009		
Typed or printed name	Debra Z. A	nderson	·	Registration 1	No	44,50)6	·	

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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	NTOR ATTORNEY DOCKET NO.		CONFIRMATION NO.			
09/944,564 TITLE OF INVENTION	09/04/2001 i: ASTHMA/ALLERGY		Nedaa Abdul-Ghani Nasi GETS T-LYMPHOCYTES		8455.100 LS	8476			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	YES	\$755	\$300	\$0	\$1055	09/08/2009			
EXAM	INER	ART UNIT	CLASS-SUBCLASS	· .					
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	less an assignee is ident h in 37 CFR 3.11. Com			•		cument has been filed for			
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent) :	Individual Corpora	ion or other private grou	up entity Government			
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Authorized Signature	/ (//	2 Clude			t 12, 2009				
Typed or printed name Debra Z. Anderson Registration No. 44,506									

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